# FORM D

Weshington, DC

## UNITED STATES 110015 SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number: Expires: Estimated average I hours per form	July 31, 2008 ourden							
SEC USE	ONLY							
Prefix	Serial							
1	1							
DATE RECEIVED								
1	1							

Name of Offering	(∐ check if this is an ame	endment and name	has changed, and i	ndicate change.)								
Limited Partnership	Interests of Maple Leaf P	artners, LP										
Filing Under (Check I	box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	ULOE						
Type of Filing:	■ New Filing											
		A. BASI	CIDENTIFICAT	ION DATA								
Enter the inform	ation requested about the is											
Name of Issuer	check if this is an ame	ndment and name h	as changed, and ir	dicate change.		(##						
Maple Leaf Partners	s, LP				000	30/3U						
Address of Executive	Offices		(Number and Stre	et, City, State, Zip Coo	te) Telephone Nu	mber (Including Area Code)						
c/o Maple Leaf Part	ners I, L.L.C., 450 Laurel S	treet, Suite 2105, E	Baton Rouge, LA	70801		225.706.1600						
Address of Principal	Offices		(Number and Stre	et, City, State, Zip Cod	te) Telephone Nu	mber (Including Area Code)						
(if different from Exec	cutive Offices)											
Brief Description of B	lusiness: private invest	tment company			3	<b>PROCESSED</b>						
Type of Business Org	ganization		•			1111 2.5.2009						
[	corporation	🛛 limited p	artnership, already	formed	other (please sp	ecify)						
[	☐ business trust	☐ limited p	partnership, to be fo	rmed		THOMSON PEUTEDS						
	A. BASIC IDENTIFICATION DATA  Enter the information requested about the issuer e of Issuer											
Actual or Estimated [	Date of Incorporation or Orga	anization:	1 1	0	_1	ual Estimated						
Jurisdiction of Incorpo	oration or Organization: (Er	nter two-letter U.S. F	Postal Service Abbi	eviation for State;		<del>··· , ···</del>						
	corporation   Ilmited partnership, already formed   other (please specify)   other (please speci											

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

	not required	to respond unless the fo	rm displays a currently va	lid OMB control r	number.
• •		A. BASIC II	DENTIFICATION DAT	A	
<ul> <li>Each beneficial owr</li> <li>Each executive office</li> </ul>	ne issuer, if the iss ner having the pov per and director o	suer has been organized wi wer to vote or dispose, or d	thin the past five years; irect the vote or disposition c corporate general and manag	of, 10% or more of ging partners of pa	a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Maple Leaf Partners	s I, L.L.C.		
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de): 450 Laurel Street,	Suite 2105, Bato	n Rouge, LA 70801
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Managing Member     Managing Member
Full Name (Last name first, i	f individual):	Dane C. Andreeff			
Business or Residence Adda Rouge, LA 70801	ress (Number and	f Street, City, State, Zip Co	de): c/o Maple Leaf Pa	rtners I, L.L.C., 49	50 Laurel Street, Suite 2105, Baton
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):			_	
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de):	<del></del>	
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	<u> </u>			
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING												
<u></u>													
1.	las the issue	er sold, or o	does the is	suer inten	d to sell, to Answer a	non-accr also in App	edited inve pendix, Co	estors in th lumn 2, if f	is offering iling under	? ULOE.		☐ Yes	⊠ No
2. \	What is the m	inimum in	vestment t	hat will be	accepted	from any i	ndividual?	•••••	•••••••	**************		·	,000,000* May be waived
3. I	Does the offe	ring permi	t joint own	ership of a	single uni	t?	••••••		************			⊠ Yes	s □ No
; (	Enter the info any commissi offering. If a and/or with a associated pe	ion or simi person to l state or st	lar remune be listed is ates, list th	eration for an associ ne name of	solicitation ated perso I the broke	of purcha on or agen or deale	sers in cor t of a broke r. If more t	nnection w er or deale than five (5	ith sales o or registere o) persons	f securities d with the to be liste	s in the SEC d are		
Full N	ame (Last na	ame first, il	individual	)									
Busin	ess or Reside	ence Addr	ess (Numb	per and Str	eet, City, S	State, Zip	Code)						
Name	of Associate	ed Broker o	or Dealer			•							
	s in Which Pe Check "All St										<u>-</u>		☐ All States
, [A]					-		☐ (DE)			☐ [GA]	[HI]	□ [ID]	_ All Oldico
☐ (ir		□ [IA]	☐ [KS]	`		-	☐ [MD]				☐ [MS]	[MO]	
□ (M	T] [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ (NY)	□ [NC]		□ [OH]	□ [OK]	□ [OR]	□ [PA]	
<b>□</b> (R	] [SC]	☐ (SD)	□ [TN]	□ [TX]	[UT]	□ [VT]	□ [VA]	□ [WA]	[WV]	[w]	□ [WY]	☐ [PR]	
Full N	ame (Last na	ame first, if	individual	)									
Busin	ess or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)		-				
Name	of Associate	ed Broker o	or Dealer										
	s in Which Pe Check "All Si												☐ All States
□ [A	L] [AK]	[AZ]	☐ [AR]	☐ [CA]	[CO]		□ [DE]		[FL]	☐ [GA]	☐ [HI]	[OI]	
	] [IN]	□ [IA]	□ [KS]	□ (KY)	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	☐ (MO)	
□ [M	T) [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	[YN]		□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ [R		[SD]		□ [TX]	[[UT]		□ [VA]	[WA]	□ [WV]	[WI]		[PR]	
Full N	ame (Last na	ame first, if	individual	)									
Busin	ess or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)		<del>,</del>				
Name	of Associate	ed Broker o	or Dealer	<del></del>									
-	in Which Pe												☐ All States
(A					•		☐ [DE]			□ [GA]	[HI]	[ID]	
	] [IN]	□ [IA]	☐ [KS]	☐ [KY]	☐ [LA]	[ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [M	T] [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ [R	ı □ (SC)		□ [TN]		[TU]		□ [VA]	[WA]	[WV]	[IW]	□ [WY]	□ [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate		Amount Already
	Type of Security		Offering Price		Sold
	- Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (Including warrants)	\$	0	\$	0
	Partnership Interests	\$	1,000,000,000	\$	633,179,265
	Other (Specify)	\$	0	\$	0
	Total	\$	1,000,000,000	\$	633,179,265
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		266	\$_	633,179,265
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.	٠			
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		•	\$	n/a
	Regulation A		•	. <u> </u>	n/a
	•			. <u>\$</u> \$	n/a
	Rule 504		n/a	· •	
	Total		n/a	<u> </u>	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs		🗖	\$	0_
	Legal Fees		🛛	\$	68,451
	Accounting Fees		📮	\$	0
	Engineering Fees	• • • • • • • • • • • • • • • • • • • •	🗀	\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify))		🗆	\$_	0
	Total			\$	68,451

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPE	-NSES	AND USE OF	PROCEEDS	<u> </u>
4	Question 1 and total expenses furnished in response to	Part C-Question 4.a. This differe	nce is the	÷	<u>\$</u>	999,931,549
5	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. T the adjusted gross proceeds to the issuer set forth in res	any purpose is not known, furnish he total of the payments listed mu	an ist equal	Officers, Directors	&	Payments to Others
	Salaries and fees			\$	🗆	<u>\$</u>
	Purchase of real estate			\$	🗆	\$
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$		\$
	Construction or leasing of plant buildings and fac	ilities		\$	🛛	\$
		sets or securities of another issue		•		\$
				•		•
			_	3		***********
			_	<u>*</u>		\$999,931, <u>549</u>
	Other (specify):			3		\$
	•			<u>\$</u>		***************************************
						\$999,931,549
	Total payments Listed (column totals added)				\$ 999,9	31,349
		D. FEDERAL SIGNATUI	RE			
CO	is issuer has duly caused this notice to be signed by the unstitutes an undertaking by the issuer to furnish to the U.S the issuer to any non-accredited investor pursuant to para	<ol><li>Securities and Exchange Comm</li></ol>	on. If this nission, u	notice is filed unde pon written request	r Rule 505, the of its staff, the	following signature information furnished
·lss	suer (Print or Type)	Signature	1		Date T.,	1y 31, 2008
M	aple Leaf Partners, LP	Mal	44	<u> </u>		
	me of Signer (Print or Type) ine C. Andreeff	Title of Signer (Print or Type)  Managing Member of Manle I	eaf Can	ital III.Ć. its Ge	neral Partner	
	ine o. Anarean	managing member of maple b	.cai Gap	1411, 2.2.0., 165 00	Tierai r di di di	
					,	
			response to Part C— in 4.a. This difference is the used or proposed to be not known, furnish an payments listed must equal C—Question 4.b. above.			
					•	
		sted gross proceeds to the issuer used or proposed to be If the amount for any purpose is not known, furnish an of the estimate. The total of the payments listed must equal user set forth in response to Part C – Question 4.b. above.  Payments to Officers, Directors & Affiliates    Payments to Officers, Directors & Affiliates   S		•		
				•	•	
		ATTENTION				
	Intentional misstatements or omiss	sions of fact constitute federal c	riminal	violations. (See 18	3 U.S.C. 1001.)	

		E. SINIE SIGNATORE	
1.		262 presently subject to any of the disqualification	☐ Yes ⊠ No
		See Appendix, Column 5, for state response.	·
2.	The undersigned issuer hereby undert (17 CFR 239.500) at such times as red	akes to furnish to any state administrator of any state in which quired by state law.	this notice is filed a notice on Form D
3.	The undersigned issuer hereby undert	akes to furnish to the state administrators, upon written reques	t, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that Exemption (ULOE) of the state in which of establishing that these conditions has	at the issuer is familiar with the conditions that must be satisfied th this notice is filed and understands that the issuer claiming the tave been satisfied.	to be entitled to the Uniform limited Offering ne availability of this exemption has the burden
	suer has read this notification and knows trized person.	he contents to be true and has duly caused this notice to be significant.	gned on its behalf by the undersigned duly
	(Print or Type) Leaf Partners, LP	Signature A	Date July 31, 2008
Name	of Signer (Print or Type)	Title of Signer (Print or Type)	

Managing Member of Maple Leaf Capital I, L.L.C., its General Partner

### Instruction:

Dane C. Andreeff

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
			<u> </u>		<del> </del>	<u> </u>		5	<del></del>	
1	<b>:</b>	2	3		4					
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		amount purch	ivestor and hased in State – Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Accredited Non-Accredited				No	
AL										
AK										
AZ		Х	\$1,000,000,000	1	\$1,022,447	0	\$0		х	
AR		х	\$1,000,000,000	2	\$7,606,265	0	\$0		х	
CA		х	\$1,000,000,000	12	\$19,968,075	0	\$0		х	
со		х	\$1,000,000,000	5	\$14,914,577	0	\$0		х	
СТ		х	\$1,000,000,000	4	\$32,469,000	0	\$0		х	
DE		Χ	\$1,000,000,000	1	\$5,500,000	0	\$0		x	
DC		х	\$1,000,000,000	3	\$4,602,590	0	\$0		x	
FL		х	\$1,000,000,000	16	\$38,040,895	0	\$0		х	
GA		х	\$1,000,000,000	2	\$4,852,460	0	\$0		х	
Ξ		х	\$1,000,000,000	1	\$500,000	0	\$0		х	
D										
IL		х	\$1,000,000,000	3	\$3,397,222	0	\$0		х	
1N		Х	\$1,000,000,000	1	\$1,436,490	0	\$0		х	
IA		Х	\$1,000,000,000	1	\$16,937,211	0	\$0		х	
KS		Х	\$1,000,000,000	1	\$519,055	0	\$0		х	
KY		х	\$1,000,000,000	4	\$12,690,018	0	\$0		х	
LA		х	\$1,000,000,000	16	\$34,261,515	0	\$0		х	
ME										
MD		х	\$1,000,000,000		\$4,265,743	0	\$0		Х	
МА		Х	\$1,000,000,000	2	\$1,400,000	0	. \$0		х	
MI		Х	\$1,000,000,000	1	\$1,492,800	0	\$0		х	
MN										
MS		Х	\$1,000,000,000	2	\$2,659,121	0	\$0		х	
МО										
МТ										
NE										
NV		х	\$1,000,000,000	6	\$25,274,241	0	\$0		х	
NH										
NJ		х	\$1,000,000,000	7	\$9,313,480	0	\$0		х	
NM		х	\$1,000,000,000	1	\$1,000,000	0	\$0		x	

۽	,			AP	PENDIX					
1	:	2	3			4		5		
·	to non-a		Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		х	\$1,000,000,000	35	\$178,095,627	0	\$0		х	
NC		Х	\$1,000,000,000	11	\$10,367,13	0	\$0		Х	
ND										
ОН								:		
ок	·									
OR	·									
PA		Х	\$1,000,000,000	1	\$3,502,056	0	\$0		х	
RI										
sc							·····			
SD		·								
TN		Х	\$1,000,000,000	22	\$42,081,203	0	\$0		Х	
TX		Х	\$1,000,000,000	71	\$103,932,264	0	\$0		x	
UT	!	Х	\$1,000,000,000	1	\$2,140,029	0	\$0		х	
VT										
VA		х	\$1,000,000,000	26	\$55,421,964	0	\$0		х	
WA										
wv									<u> </u>	
WI									<u> </u>	
WY									<u> </u>	
Non US		х	\$1,000,000,000	1	\$395,845	0	\$0		x	

